

**Rep. Hank Vaupel (District 47)**

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**From:** Voepel-Lewis, Terri <terriv@med.umich.edu>  
**Sent:** Wednesday, May 24, 2017 8:27 AM  
**To:** Rep. Hank Vaupel (District 47)  
**Subject:** Testimony on HB 4408 - Health Policy

Dear Chariman Vaupel and Committee Members:

I am writing to voice my concern about HB 4408 being discussed in committee this morning. My concerns are with the messages given and the reach of the legislation. As written, this bill will exclude the vast majority of children who receive an opioid prescription.

Under section 2, the consent requirement does not apply to children whose treatment is associated with a medical emergency or surgery (which would include oral surgery) – which is, in fact, the reason for nearly all opioid prescriptions to minors (with the exclusion of a cancer diagnosis). While most adults get opioids from a primary care visit or physician, children do not. Thus, the intent of the bill which is, I assume, to reduce misuse and the potential for dependency or addiction (as stated in the bill) will have no effect as currently written.

My work as a pediatric nurse is in opioid research. The data show that getting a prescribed opioid prior to 12<sup>th</sup> grade greatly increases the potential for misuse (which can be for any reason, but primarily to self-treat pain). The consent information required by HB 4408, that is, the risk of addiction, higher risk for those with mental and substance use disorders, and the added danger of taking the drug with other drugs/alcohol – does not address the main problems regarding opioid use in children or adolescents. The most pressing issues for children are, in fact, the potential for later poisoning and misuse – that is, that the adolescent child will take the drug for some other unintended reason (may or may not be pain). When adolescents use opioids in unintended ways, their risk of death increases.

The bill needs to remove the exclusions so that ALL children who are prescribed opioids for the first time get mandatory information.

The information included in the consent needs to address the risk for misuse of left-over opioids and how parents should handle left-over medication.

These changes will strengthen the impact of this bill. As currently written, it is fairly meaningless.

Thank you very much. I'm sorry that I could not be present to testify in person.

Sincerely,  
Terri Voepel-Lewis, PhD, RN  
Associate Research Scientist, Department of Anesthesiology  
University of Michigan Health Systems

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